

March 27, 2014
MB# 14-006

MEDICAID BULLETIN

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TO: Rehabilitative Behavioral Health and Local Education Agency Providers

SUBJECT: Revising Language to the Rehabilitative Behavioral Health and Local Education Agencies Manuals to Amend the Licensed Bachelor's Social Worker's Scope of Practice

The South Carolina Department of Health and Human Services (SCDHHS) is issuing this bulletin to offer guidance to Rehabilitative Behavioral Health and Local Education Agency Providers. A Licensed Bachelor's Social Worker can sign the Individual Plan of Care (IPOC) for a Medicaid beneficiary when the IPOC is not used for the purpose of medical necessity. Effective May 1, 2014, this policy will be retroactive to August 1, 2013.

When the Licensed Bachelor's Social Worker has completed the Service Plan Development and signs the IPOC the following procedure codes may be utilized for billing purposes. DAODAS providers should continue to only utilize H0032 for IPOC development for Medicaid Fee for Service Providers and those members enrolled directly with a managed care organization:

99366 - Service Plan Development -Interdisciplinary Team — Conference with Client/Family

99367 - Service Plan Development -Interdisciplinary Team — Conference without Client/Family

H0032 - Service Plan Development by Non-Physicians

Service Plan Development services allow the Physician, Licensed Practitioner of the Healing Arts (LPHA), Master's level staff or Licensed Bachelor's Social Worker (LBSW) to review with other entities or support teams the plan of care with the beneficiary, family/ legal guardian.

The IPOC is an individualized comprehensive plan of care which utilizes information gathered during the evaluation, screening and assessment process. The IPOC confirms the appropriateness of services for the beneficiary, and outlines the service delivery needed to meet the identified needs and improve overall functioning for the beneficiary. The IPOC must include the date it was completed, the signature and title of the Physician, LPHA, Master's level staff or LBSW that authorized services. Providers should refer back to the IPOC section of the Rehabilitative Behavioral Health Service and Local Education Agencies manuals to ensure all components are listed on the IPOC.

If the state agency provides the IPOC to an enrolled private provider to establish medical necessity, rather than a Medical Necessity Statement, the IPOC must be signed, titled and dated by a Physician or LPHA from the referring state agency. The enrolled private organization shall not determine medical necessity.

Note: This does not apply to the Licensed Independent Practitioners or Group Practitioners.

SCDHHS contracts with several Managed Care Organizations (MCOs) for some state based behavioral health services (e.g. substance abuse services provided by DAODAS commissions). If a beneficiary is enrolled with one of the state's contracted MCOs, RBHS providers must receive prior approval and claim reimbursement directly from the beneficiary's MCO for services covered under the managed care service package. For a complete list of managed care covered services, please refer to the managed care policy and procedure manual at https://msp.scdhhs.gov/managedcare/sites/default/files/MCO_PP%20January%202014_Final_Post%20December%2012-30-13.pdf.

Review all manuals and bulletins for updates for current policies and procedures.

If you should have any questions regarding program policy, please contact the Division of Behavioral Health at (803) 898-2565. Please refer any questions or concerns regarding claims resolution to the SCDHHS Provider Service Center at 1-888-289-0709. Thank you for your continued support in the South Carolina Healthy Connections Medicaid program.

/s/

Anthony E. Keck
Director